



## ***April 2015 Update***

### ***Collaborative Stage Transition ~***

The process and ongoing efforts to coordinate and effectively transition from the Collaborative Staging (CS) System to AJCC TNM staging standard, beginning with 2016 incidence data is currently underway. The transition away from CS to directly assigned TNM stage is a major change. To effectively deal with the staging transition, the focus in 2015 is training on assignment of T, N, M and the AJCC TNM stage group. To assist with the training efforts, the AJCC Curriculum for Registrars was launched in January of 2015. The curriculum is designed to provide education in a step-wise learning environment complete with additional resources to reinforce the information and webinars with interactive quizzes to prompt discussion and serve as a self-assessment for the information learned. If you participate in the webinars, 2 CE hours are available for each module (webinar). The MCSF encourages ALL registrars to take the AJCC curriculum modules to meet the new reporting requirements for directly assigned AJCC Stage. To access the AJCC Curriculum for Registrars, go to <https://cancerstaging.org/CSE/Registrar/Pages/default.aspx>.

To view the Collaborative Stage Transition letter, go to <https://cancerstaging.org/cstage/about/news/Pages/Collaborative-Stage-Transition-Newsletter---March-13-2015.aspx>

To obtain the current edition of the AJCC Cancer Staging Manual or the AJCC Cancer Staging Handbook, go to <https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx>.

### ***Directly Coded SEER Summary Stage ~***

SEER Summary Stage is a required data item for ALL facility types (Hospital with a Registry, Hospital without a Registry and Independent Laboratories). Summary stage should be directly coded using all information available through completion of surgery (ies) in the first course of treatment **or** within four months from the date of initial diagnosis. Directly coded refers to the assignment of stage that is derived from information based on pathologic, operative, and clinical assessments, with the pathologic examination taking precedence. It is important to read the pathology and operative reports for evidence of spread, microscopic extension and metastasis, as well as diagnostic imaging reports for mention of distant disease. Thus, summary stage should NOT be coded based from the derived CS stage.

For coding instructions and site-specific schemas for assignment of Summary Stage, refer to the SEER Summary Staging Manual – 2000. To obtain a copy of the SEER Summary Staging Manual 2000, go to <http://seer.cancer.gov/tools/ssm/>. Additional coding guidelines for the assignment of Summary Stage are also included in the MCSP Cancer Reporting Manual. For a copy of the MCSP Cancer Program Manual, go to [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html).

### ***MCSP Cancer Program Manual and Resource References ~***

The following documents have been revised by the Michigan Cancer Surveillance Cancer Program:

- MCSP Cancer Program Manual (rev. 3/20/2015).
- MCSP Cancer Report Form (3/20/2015)
- MCSP Reporting Requirements by Item & Facility Type for Cases Diagnosed in 2015 or Earlier (rev. 3/20/2015)
- MCSP Site-Specific Factor (SSF) Fields for Collaborative Staging (CS) Version 02.05 (rev. 3/20/2015)

The MCSP Cancer Program Manual and resource reference documents can be obtained from the MCSP webpage at [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html).

### ***Cancer Reporting Meaningful Use (MU) Update ~***

The Michigan Cancer Surveillance Program is accepting electronic cancer case reports to assist eligible providers with the Stage 2 meaningful use menu objective: Capability to identify and report cancer cases to a public health central cancer registry. To date, we are providing technical assistance to 411 providers and their electronic health record (EHRs) vendors. To meet the measure, providers must register and begin sending test cancer reports. Currently, we are accepting test reports from EHR vendors. Testing with the EHR vendor enables providers to meet the cancer reporting measure. Those vendors include NextGen, Altos Solutions and Modernizing Medicine. If you are using one of these products and are participating in the EHR Incentive Program, you may be eligible to receive meaningful use credit.

For more information, please contact Laura Rappleye, [laura.rappleye@altarum.org](mailto:laura.rappleye@altarum.org) or visit <https://www.michiganhealthit.org/public-health/cancer-registry/>.

For more information on the Michigan cancer reporting requirements, please contact Jetty Alverson at 517.335.8855 or [alversong@michigan.gov](mailto:alversong@michigan.gov).

### ***Facility Oncology Registry Data Standards (FORDS): Revised for 2015~***

Reminder! The Facility Oncology Registry Data Standards (FORDS) manual has been revised for 2015. Please note that this version of FORDS replaces ALL previous versions. As changes in coding rules and coding categories were incorporated in the revision of FORDS for 2015, registrars should read the Preface and review Appendix C for an overview of the 2015 changes.

*NOTE:* All items in FORDS are required for CoC-accredited cancer programs. The MCSP Cancer Program Manual and the MCSP Reporting Requirements by Item and Type document has been updated to reflect the changes in coding rules and coding categories and is available on the MCSP webpage at [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html).

## *Cancer Case Coding Questions/Answers ~*

### Question #1

*Question:* Ambiguous terminology: How is “likely” to be interpreted when determining reportability?

*Answer:* Follow the ambiguous terminology list strictly as written. “Likely” is NOT on the list so the case is not reportable based upon ambiguous terminology only of “likely.”

*Comment:* If the physician treats the patient as having cancer based upon the ambiguous diagnosis of “likely”, the case would be considered reportable. Document the clinical diagnosis by the physician in the appropriate text field(s).

### *Reference sources:*

- Facility Oncology Registry Data Standards (FORDS) at <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual>.
- Additional coding instructions on reportability are included in the MCSP Cancer Program Manual at [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html).

### Question #2

*Question:* When are carcinoids of the appendix reportable?

*Answer:* If the diagnosis date is 2014 or earlier, appendix carcinoids are reportable when stated to be malignant in the pathology report, when there are discontinuous malignant metastases or metastases to regional lymph nodes. **Effective 2015**, code 8240/1 for Carcinoid tumor, NOS, of appendix (C18.1) becomes obsolete. Carcinoid tumors of the appendix (C18.1) must be coded to 8240/3, effective with cases diagnosed 2015 and forward.

### *Reference sources:*

- Facility Oncology Registry Data Standards (FORDS): Revised for 2015 at: <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual>.
  - See Preface 2015, page xi.
- Multiple Primary and Histology Coding Rules Manual at <http://seer.cancer.gov/tools/mphrules/>

### Question #3

*Question:* Can laterality be assigned for sites other than those listed in the paired sites table?

*Answer:* NO. FORDS/CoC permits coding of laterality for non-paired organs (solid tumors); however, the MCSP does not. For submission of data to the MCSP, facilities must follow the

MCSP cancer reporting requirements for submission of data. Laterality for sites (solid tumors) defined as ‘not a paired organ’ must be coded as ‘0 – not a paired site.’

*Reference source:* MCSP Cancer Program Manual at [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html).

#### Question #4

*Question:* Should hematopoietic diseases not considered to be reportable before 2010 be included in the sequencing of reportable hematopoietic diseases?

*Answer:* NO. If the original hematopoietic disease was not reportable at the time of diagnosis, do NOT include it in the sequencing of a new incidence of a reportable hematopoietic disease.

*Reference sources:*

- Hematopoietic and Lymphoid Neoplasm Database/Manual at <http://seer.cancer.gov/tools/heme/>
- Facility Oncology Registry Data Standards (FORDS) at <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual>

#### Question #5

*Question:* How many primaries should be reported if a patient has 2 synchronous tumors in the descending (or ascending, transverse, etc.) colon? The first is a grade 3 adenocarcinoma with signet ring differentiation and focal mucinous features (8255/3). The second tumor is a grade 2-3 adenocarcinoma in a tubulovillous adenoma (8263/3).

*Answer:* Apply MP/H rule M7 to this case and report as one primary tumor.

*Reference source:* Multiple Primary and Histology Coding Rules Manual at <http://seer.cancer.gov/tools/mphrules/>

### ***Retirement ~***

This past March, Terry McTaggart retired from the State of Michigan, with his last 6 years of service at the State with the Michigan Cancer Surveillance Program. As part of Terry’s role as department analyst at the MCSP, he was responsible for the customization and facility support for the Michigan Abstract Plus software. The MCSP staff wishes Terry much happiness and relaxation in his retirement; however, we will miss his expert computers skills that he used within the department and as a contact for Abstract Plus. Yes, we are currently working on the customization of Abstract Plus version 15.0, which will allow for the abstracting of cases diagnosed 2015 or earlier. We are currently waiting the final customization of the Abstract Plus software from CDC and are expecting to provide version 15.0 to facilities by the end of the month.

If you need assistance with the Abstract Plus software and/or password reset for the secure FTP site for transmission of data, please contact Jetty Alverson at 517.335.8855 or [alversong@michigan.gov](mailto:alversong@michigan.gov)

## ***MCSP Submission of Data Due Dates ~***

Don't forget the data submission deadline dates for 2015!

### ***DUE DATES:***

- **All reportable conditions diagnosed in 2014 are due to the MCSP by July 1, 2015.**
- Any missed reports for reportable conditions for *diagnosis years prior to 2014* must be submitted to the MCSP **by March 31, 2015.**
- January through March 2015 cases must be submitted by September 1<sup>st</sup>. The MCSP strongly encourages monthly submission of data. For example, cases abstracted in January should be submitted to the MCSP in February.

### ***REMINDERS:***

- Data submission format: Facilities submitting cases electronically are required to submit in the most recent version of the data exchange format and code structure as specified by NAACCR.
- Labeling of Electronic Submission Files and/or submission of data: For more information on the MCSP requirements for labeling of electronic submission files and/or submission of data, please refer to the MCSP Cancer Program Manual at [http://michigan.gov/mdch/0,1607,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html).

***Facilities non-compliant with the Michigan cancer reporting requirements will be addressed and corrective action taken if necessary.***

***NOTE:*** If your registry is in the SEER area (Wayne, Oakland or Macomb County) and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313.578.4219 or [whitlock@med.wayne.edu](mailto:whitlock@med.wayne.edu).

## ***2015 MCSP Educational Workshops ~***

The Michigan Cancer Surveillance Program will be offering a series of educational workshops during 2015. The workshops will be held at the Capitol View Building in Lansing and registration is free of charge. If you are a new registrar, attendance at the workshops is strongly recommended. Registration is also open to those who have taken previous workshops and seasoned registrars interested in taking a refresher course. All workshops will be held from 8:45am to 4:00pm and CE hours will only be offered for workshops 2-4.

If you are interested in registering for any of the workshops, please complete a copy of the attached registration form (see page 7). As space is limited early registration is recommended.

The 2015 MCSP Educational Workshops series is as follows:

*Workshop #1*

Topic: Basic Cancer Reporting

Date: Friday, May 1

*Workshop #2*

Topic: Hematopoietic and Lymphoid Neoplasms: Database and Coding Rules

Date: Friday, May 29

*Workshop #3*

Topic: Directly Code SEER Summary Stage & AJCC Stage

Date: Friday, June 5

*Workshop #4*

Topic: Multiple Primary and Histology Coding Rules/Manual

Date: Friday, June 26

For more information, please feel free to contact Jetty Alverson at 517.335.8855 or [alversong@michigan.gov](mailto:alversong@michigan.gov).

***Save the Date ~***

The MCSP will be offering an Educational Conference on Friday, July 31. Registration is free and CE hours will be offered for this workshop. This workshop is applicable to seasoned and non-seasoned registrars. Some of the topics that will be included are: Updates (MCSP cancer reporting requirements), Edit Issues, Coding and Cancer Case Scenarios. ***Agenda and registration information will be provided in May.***

***MCSP Staff ~***

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

Jetty Alverson	517.335.8855	<a href="mailto:alversong@michigan.gov">alversong@michigan.gov</a>
Brenda Bowen	517.335.9058	<a href="mailto:bowenb@michigan.gov">bowenb@michigan.gov</a>
Stacey Coltrain	517.373-0758	<a href="mailto:coltrains@michigan.gov">coltrains@michigan.gov</a>
Glenn Copeland	517.335.8677	<a href="mailto:copelandg@michigan.gov">copelandg@michigan.gov</a>
Claudia Hardin	517.335.9967	<a href="mailto:hardinc@michigan.gov">hardinc@michigan.gov</a>
Doug Koster	517.335.8348	<a href="mailto:kosterd@michigan.gov">kosterd@michigan.gov</a>
Elaine Snyder	517.335.8949	<a href="mailto:snydere@michigan.gov">snydere@michigan.gov</a>
Georgia Spivak	517.335.8702	<a href="mailto:spivakg@michigan.gov">spivakg@michigan.gov</a>
Mary Stephens	517.335.9403	<a href="mailto:stephensm2@michigan.gov">stephensm2@michigan.gov</a>
Wendy Stinnett	517.335.8747	<a href="mailto:stinnett@w@michigan.gov">stinnett@w@michigan.gov</a>

# REGISTRATION

Complete this registration form and fax attention to Jetty Alverson at (517) 335-9513 or email a copy of the completed form to [alversong@michigan.gov](mailto:alversong@michigan.gov).

Please note!

- A separate form is required for EACH attendee!
- Registration is complimentary, but space is limited so register early!
- Confirmation of registration acceptance to attend workshop(s) will be provided by EMAIL only!

---

Name

---

Title/Credentials

---

Organization/Facility

---

Phone Number

Alternate Phone Number

---

Emergency Contact Name and Phone Number

---

E-mail Address

*NOTE: Place a check mark next to each session you would like to register to attend.*

\_\_\_\_\_ Session #1: Basic Cancer Reporting

\_\_\_\_\_ Session #2: Hematopoietic and Lymphoid Neoplasms: Database and Coding Manual

\_\_\_\_\_ Session #3: Directly Coded SEER Summary and AJCC TNM Stage

\_\_\_\_\_ Session #4: Multiple Primary and Histology Coding Rules